

CANCELLATION/NONRENEWAL NOTICE

Third Party Copy
ADDITIONAL INSURED

Account Number: 291-540-3
Date: 10/15/2021



Insured:
LYKINS COMPANIES INC
5163 WOLFPEN PLEASANT HILL RD
MILFORD, OH 45150-9632

121 East Park Square
PO Box 328
Owatonna, MN 55060

Cancellation/Nonrenewal of each policy listed below was requested by the insured.

According to contract language in the policies listed below, we will continue to protect your interest as a mortgagee, additional insured, or a loss payee through the date and time of day shown below.

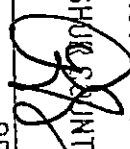
Policy Number	Policy Type	Policy Cancellation/Nonrenewal Date	Time of Policy Cancellation/Nonrenewal*
6080276	Employment Related Pract	10/01/2021	12:01 a.m.
9325228	Worker's Compensation	10/01/2021	12:01 a.m.

* Standard time at the designated business premises.

FILED
TERRI ROSS
COUNTY CLERK

2021 NOV 15 AM 11:43

UPSHUR COUNTY, TX.

BY 
DEPUTY

UPSHUR COUNTY
PO BOX 730
GILMER, TX 75644-0730

Loss Payee/
Mortgagee/
Additional Insured/
Certificate Holder